

14. D.—IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 174

Registered No. 77

### 1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maxine May Matthews If child is not yet named, make supplemental report, as directed.

3. Sex of Child St. To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date 8-22-30 of birth Month Day Year

8. William Westley FATHER Full name Matthews

14. Bertha Maxine Scott MOTHER Full maiden name

9. Residence (Usual place of abode) Christmas If non-resident, give place and state. Ariz

15. Residence (Usual place of abode) Christmas If non-resident, give place and state. Ariz

10. Color or race W. 11. Age at last birthday 25 (Years)

16. Color or race W. 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) San Diego (State or country) Calif.

18. Birthplace (city or place) Vancouver (State or country) British Columbia

13. Occupation Sampler Nature of Industry in assay office

19. Occupation H.M. Nature of Industry

20. Number of children of this mother. \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. 6 (b) Born alive but now dead. 0 (c) Stillborn. 0 21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 p.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Stitz R. Winslow M.D.

(Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_ Month, day, year \_\_\_\_\_ Address. Hayden Ariz

Registrar.

Filed 8/23/30 1930

Registrar.

442-622-22.3